A STUDY OF SEPTIC ABORTION CASES IN THE LAST 6 YEARS

By

V. Kamalajayaram and T. Parameswari

SUMMARY

Two hundred ten cases of Septic abortion were reported during the years 1981 tô 1986, out of which 47 were fatal. Almost all the deaths took place after attempts to produce illegal abortion. The maternal mortality due to septic abortion was found to be 18.7%. 24.3% were admitted with grade I infection and 75.7% were with grade II and III infection. During management of septic abortion, apart from evacuation of uterus, other surgical intervention could be done with a maximum benefit to the patient.

Introduction

Unwanted pregnancy has been a problem of mankind from time immemorial. Illegally induced abortion is a major cause of death among women of reproductive age in our country. The mortality and morbidity due to septic abortion remain unchanged even after the M.T.P. Act came into existence.

Several reviews have been carried out on septic abortion in different parts of the country. It has been felt necessary to analyse the characteristics of septic abortion cases admitted in Government General Hospital, Guntur and compare the incidence in the past with that in recent years.

Material and Methods

During 1981 to 1986 a total 210 cases of septic abortion were admitted in Government General Hospital, Guntur. A detailed analysis of these cases has been carried out regarding the age, parity, marital status, residence, gestational period and mode of interference leading to sepsis, management and outcome.

From: Government General Hospital, Guntur.
Accepted for publication on 29-1-88.

Observations

The above table shows that there is an increased incidence of septic abortion (10.3%) and deaths due to septic abortion (18.7%) during the recent 6 years (1981 to 1986) as compared to the previous 6 years (1975 to 1980). There is no decline in the incidence of septic abortion though the number of MTPs have increased. Incidence of spontaneous abortions shows a decline.

31% (65) were teenagers, 45.5% (95) were between 20-30 years, 30.4% (64) were between 30-40 years and 2.5% (6) were above 40 years.

12.9% (27) women were nulliparous which includes 19 unweds. 26.2% (51) were primiparous, rest of the 60.9% (128) were para 2 and above.

TABLE I

Incidence of Pregnancy Out Come During 1975 to 1980 and From 1981 to 1986 A Comparison

Year	1975-1980 (6 years)	1981-1986 (6 years)
Total No. of deliveries	23,485	22,179
No. of abortions	2,260	2,036
No. of M.T.Ps.	3,209	4,030
No. of septic abortions	192	210
Percentage of S.A.	8.3%	10.3%
No. of maternal deaths	307	251
Deaths due to Septic abortion	54	47
Percentage of death due to S.A.	17.5%	18.7%

Out of 210 cases of septic abortion, 161 (76.7%) were married, 19 (9.3%) were unwed. and 30 (14.3%) were widowed or separated. Hindus were 76% (160), Muslims 14.4% (30) and Christians 9.6% (20).

46% (97) of women were from urban area and 54% (113) from rural. 61% (128) were terminated in the I Trimester and 39% (82) in the II Trimester.

TABLE II

Shows Complications

Complications	No. of cases	%
1. Peritonitis with ileus	68	32.4
2. Septic shock	57	27.2
3. Uterine sepsis (Grade I)	52	24.7
4. Haemorrhage	20	9.5
5. Uterine perforation	6	2.9
6. Jaundice	4	1.9
7. Renal failure	3	1.4

Method of abortion

Majority of the abortions were illegally induced by untrained and unqualified personnel. 69% (145) gave history of internal interference by calotropis stick, medicated cream or soap solution. In 11% (23) of cases D & C or Intra-amniotic injection was done outside; 7.2% (15) of cases got infected after spontaneous abortion at home, and 12.8% (27) gave no history of interference, though having signs of interference.

Sepsis either mild or severe was seen in 84.3% (177), haemorrhage in 9.5% and others complications in 6.2% of cases.

Management

The management of septic abortion is still a challenge to the obstetrician. Early aggressive surgical interference is claimed to be the best, but most of the patients are brought in a moribund state. The purpose of surgical treatment is to remove the source of infection and toxicity. Majority of the patients were treated with I.V. fluids, gastric aspiration, antibiotics and I.V. Metronidazole. Corticosteroids were given in cases of septicaemic shock. 52 patients received blood transfusion, evacuation of the products of conception was done in cases of incomplete abortion under cover of wide spectrum antibiotics. Abdominal or vaginal drainage of pus and laparotomy were carried out as and when necessary.

Evacuation was done in 21.4%; and drainage of pus by abdominal or vaginal route was done in 41.4% of cases. 37.2% were managed conservatively. These patients either had mild sepsis or were brought in a moribund condition.

TABLE III

Shows the Management of Septic Abortion Cases

Management	No. of cases	%	
1. Conservative	78	37.2	
2. Evacuation	45	21.4	
3. Colpotomy	41	19.5	41.4%
4. Laparotomy and Peritoneal lavage	25	12.0	
5. Drainage of pus through the flanks	13	6.1	
6. Hysterectomy	8	3.8	
	210	100.0	

51 (24.3%) patients were discharged within 1 week; 112 (53.3%) were discharged between 2 weeks to 12 weeks, due to complications and high morbidity and 22.4% of cases died.

Deaths

There were 47 deaths out of 210 cases. It was observed that the percentage of deaths increased as the gestational period increased. 30 out of 47 cases (64%) had induction outside in II trimester, with calotropis stick, D & C and other illegal methods.

TABLE IV

Shows the Cause of Death

Cause of death	No. of cases	%	
1. Septicaemia	30	64	81%
2. Endotoxic shock	8	17	
3. Pulmonary embolism	4	8.5	
4. Renal failure	3	6.3	
5. Toxic hepatitis	2	4.2	
	47	100.0	

The most common causes of death were septicaemia and shock (81%), Pulmonary embolism (8.5%); renal failure (6.3%) and toxic hepatitis (4.2%). The culture report of cervical swab or pus from most of these cases revealed gram negative organisms such as E coli, psendomonos and B. proteus.

TABLE V

Time Interval Between Admission and Death

Time	No. of cases	%
Died within 6 hours	10	21.2
Within 1-7 days	12	25.6
8-14 days	21	44.7
Beyond 4 weeks	4	8.5
	47	100.0

Patients who expired, were brought in a moribund state. Their stay in the hospital varied from 6 hours to more than 4 weeks.

Discussion

Despite the implementation of the M.T.P. Act and performance of large number of M.T.P. the incidence of septic abortion is still high (10.3%). As much as 18.7% of our maternal deaths were due to septic abortion. Bhaskararao and Malika (1977) quoted that one fourth of all maternal deaths were caused by criminal abortion. Krishna *et al* (1978). Mathur and Rohatagi (19 1) reported that septic abortion is responsible for 11% of maternal deaths. Malhotra and Devi (1980) reported 15-25% of maternal deaths due to septic abortion and subsequent complications.

Bansal and Sharma (1983) reported that deaths due to septic abortion was 14.65% and it was responsible for 9.54% of total maternal deaths.

Rajasekharan and Vijaya (1977) quoted that 5.8% of all abortions were septic, 48% admitted to interference and 9.5% of deaths were due to endotoxic shock. 69%

of our cases admitted to interference, 64% and 17% of deaths were caused by septicaemia and endotoxic shock respectively. Agarwal and Chandravati reported that 63% of deaths were due to Septicaemia and shock. The percentage of deaths increased as the gestational period increased in our series. 64% of deaths followed II trimester interference. The same observation was made during 1976 to 1980 by Jayaram and Savithri (1981).

References

1. Agarval, S. and Chandravati: J. Obstet. and Gynec. India. 35: 123, 1985.
2. Bansel, M. C. and Usha, Sharma: J. Obstet. Gynec. of India. 35: 705, 1985.
3. Bhaskararao, K. E. and Malika, P. E.: J. Obstet. Gynec. of India. 27: 876, 1977.
4. Jayaram, V. K. and Savithri, C.: Synopsis of paper presented in 25th All India Obstet. Gynec. Congress, Calcutta December, 1981. Miscellaneous papers PP. 46.
5. Krishna, U., Punjabi, J. and Purandare, V. N.: Proceedings on 2nd international seminar on maternal and perinatal mortality. P. 62, 1978.
6. Mathur, V. and Rohatagi, P.: J. Obstet. Gynec. India. 31: 272, 1981.
7. Malhotra, S. and Devi, P. K.: J. Obstet. Gynec. India. 29, 598, 1979.
8. Rajasekharan, N. and Vijaya, R.: J. Obstet. Gynec. India. 23: 471, 1973.